

SERIAL NO. 10/019285 FIILED DATE

APPLICANT(S)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

CLAIMS

IND.	DEP.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	/	/			
2	/	/			
3	/	/			
4	/	/			
5	/	/			
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TOTAL IND.	/	↓	16	↓	
TOTAL DEP.	27	↓	26	↓	
TOTAL CLAIMS	28	27	26	25	24

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		↓		↓				
TOTAL DEP.		↓		↓				
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS